New Jersey Meadowlands Commission
1 DeKorte Park Plaza ⁓ Lyndhurst, NJ ⁓ 07071 ⁓ (201) 460-1700

Application Date_____/_____/_____   NJMC File Number _____

1. Project Name_____
    Street Address_____
    Municipality_____ County_____ Block _____ Lot _____

2. Project Type: o New Construction o Addition o Change of Use o Repair o Renovation o Alteration o Reconstruction
    Filing Type: o Variation o Complete Plan Release o Partial Plan Release (see Section 4, below)

3. Project specifications:
    Use group _____
    Area of largest floor _____
    Gross area of bldg. _____Total volume _____
    No. of stories _____Maximum height_____
    Construction type _____
    Elevator?   o Yes   o No

    Total project cost—all disciplines:
    $_____
    Cost of barrier-free renov. / alt. work
    $_____

4. Partial releases requested:

Release Type	Expected Submission Date
o Footings and foundations	_____
o Underslab utilities	_____
o Structural framework	_____
o Exterior building	_____
o Interior building	_____
o Plumbing	_____
o Mechanical	_____
o Electrical	_____
o Fire protection	_____
o Elevator	_____

5. **Applicant information:** Comments/releases will be sent to architect/engineer and either owner or owner's designated agent. Indicate which by checking appropriate box. Note: do not list architect/engineer of record as owner's designated agent.

    Applicant's Name: _____
    Address: _____
    City: _____State:_____ Zip:_____ Phone: (   )_____

    o Owner Name: _____
    Address: _____
    City: _____State:_____ Zip:_____ Phone: (   )_____

    o Owner's Designated Agent Name: _____
    Address: _____
    City: _____State:_____ Zip:_____ Phone: (   )_____

    Architect/Engineer Name: _____
    Address: _____
    City: _____State:_____ Zip:_____ Phone: (   )_____

Owner's or Designated Agent's Signature_____

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1. REGULAR PLAN REVIEW FEE

A. NEW CONSTRUCTION & ADDITIONS:

    a.) Use Groups A-1, A-2, A-3, A-4, A-5,   Volume of bldg. _____ cu. ft. X .010 = $_____
        F-1, F-2, S-1, S-2

    b.) All Other Use Groups   Volume of bldg. _____ cu. ft. X .016 = $_____

B. RECONSTRUCTION, ALTERATION, RENOVATION, REPAIR — *including site construction associated with pre-engineered systems of commercial farm buildings, premanufactured construction and external connections for premanufactured construction*

Renovation Cost: [_____]   *(All Disciplines)*

    a.) Estimated cost up to and $10.00 per $1,000 = $_____
        Including $50,000.00   plus
    b.) Portion of cost $50,001.00   Additional fee of $8.00 per $1,000 = $_____
        To and including $100,000.00   plus
    c.) Portion of cost above   Additional fee of $7.00 per $1,000= $_____
        $100,000.00

               PLAN REVIEW FEE (*Sum of above items A & B*): $_____

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2. ELEVATOR PLAN REVIEW FEE:

    R-3 and R-4 Use Groups—$50.00 per elevator   Number of elevators: _____

    All other Use Groups—$260.00 per elevator   Number of elevators: _____

               Total Elevator Plan Review Fee: $_____

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3. GRAND TOTAL OF ALL FEES: *(Sum of 1 and 2)* $_____

Remit check, rounded to nearest dollar, payable to **New Jersey Meadowlands Commission**